

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216500818						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PAGE SOUTHERLAND PAGE, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2016</p> <p>SCC ID NO: F1950270</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMA</td> <td>5,000</td> </tr> <tr> <td>COMBNV</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	5,000	COMBNV	5,000
CLASS	AUTHORIZED							
COMA	5,000							
COMBNV	5,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3101 WILSON BLVD. SUITE 300</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22201</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MATTIA J FLABIANO, III TITLE: PRESIDENT ADDRESS: 1800 MAIN ST SUITE 123 CITY/ST/ZIP/CO: DALLAS, TX 75201 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MATTIA J FLABIANO, III TITLE: PRESIDENT ADDRESS: 1800 MAIN ST SUITE 123 CITY/ST/ZIP/CO: DALLAS, TX 75201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: MATTIA J FLABIANO, III TITLE: PRESIDENT ADDRESS: 1800 MAIN ST SUITE 123 CITY/ST/ZIP/CO: DALLAS, TX 75201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT E BURKE TITLE: VICE PRESIDENT ADDRESS: 400 WEST CESAR CHAVEZ ST SUITE 500 CITY/ST/ZIP/CO: AUSTIN, TX 78701 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT E BURKE TITLE: VICE PRESIDENT ADDRESS: 400 WEST CESAR CHAVEZ ST SUITE 500 CITY/ST/ZIP/CO: AUSTIN, TX 78701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: ROBERT E BURKE TITLE: VICE PRESIDENT ADDRESS: 400 WEST CESAR CHAVEZ ST SUITE 500 CITY/ST/ZIP/CO: AUSTIN, TX 78701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ARTURO CHAVEZ TITLE: VICE PRESIDENT ADDRESS: 1100 LOUISIANA SUITE ONE CITY/ST/ZIP/CO: HOUSTON, TX 77002 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ARTURO CHAVEZ TITLE: VICE PRESIDENT ADDRESS: 1100 LOUISIANA SUITE ONE CITY/ST/ZIP/CO: HOUSTON, TX 77002	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: ARTURO CHAVEZ TITLE: VICE PRESIDENT ADDRESS: 1100 LOUISIANA SUITE ONE CITY/ST/ZIP/CO: HOUSTON, TX 77002	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL J MACE TITLE: VICE PRESIDENT ADDRESS: 400 WEST CESAR CHAVEZ ST SUITE 500 CITY/ST/ZIP/CO: AUSTIN, TX 78701 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL J MACE TITLE: VICE PRESIDENT ADDRESS: 400 WEST CESAR CHAVEZ ST SUITE 500 CITY/ST/ZIP/CO: AUSTIN, TX 78701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: MICHAEL J MACE TITLE: VICE PRESIDENT ADDRESS: 400 WEST CESAR CHAVEZ ST SUITE 500 CITY/ST/ZIP/CO: AUSTIN, TX 78701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS C MCCARTHY TITLE: VICE PRESIDENT ADDRESS: 3101 WILSON BLVD SUITE 300 CITY/ST/ZIP/CO: ARLINGTON, VA 22201 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: THOMAS C MCCARTHY TITLE: VICE PRESIDENT ADDRESS: 3101 WILSON BLVD SUITE 300 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: THOMAS C MCCARTHY TITLE: VICE PRESIDENT ADDRESS: 3101 WILSON BLVD SUITE 300 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE W SPECK VICE PRESIDENT 400 WEST CESAR CHAVEZ ST SUITE 500 AUSTIN, TX 78701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE J BRITT TREASURER 1100 LOUISIANA SUITE ONE HOUSTON, TX 77002	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M WRIGHT CEO 3101 WILSON BLVD SUITE 300 ARLINGTON, VA 22201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE J BRITT SECRETARY 1100 LOUISIANA SUITE ONE HOUSTON, TX 77002	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MATTIA J FLABIANO, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		MATTIA J FLABIANO, III, PRESIDENT PRINTED NAME AND CORPORATE TITLE		12/17/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					